

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020953

1. Entity Name

AUTOS 4 LESS INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90021 026 ***150.00

Principal Place of Business

Mailing Address

1436 NW 130 ST
N MIAMI FL 33161

1436 NW 130 ST
N MIAMI FL 33161-4411

2. Principal Place of Business

3. Mailing Address

1436 NE 130 ST.

1436 NE 130 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. Miami FL

FL Miami

Zip

Country

Zip

Country

33161 Dade

33161 Dade

4. FEI Number

65-0894588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CINTRON, JOSE
9749 NW 48 TR
MIAMI FL 33178

Name

JOSE CINTRON

Street Address (P.O. Box Number is Not Acceptable)

331 NW 101 TERR.

City

Pembroke Pines

FL

Zip Code

33026

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Jose Cintron Jose Cintron Pres.

4/28/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME President
STREET ADDRESS Jose Cintron
CITY-ST-ZIP 1436 NE 130 ST.
N. MIAMI FL 33161

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Vice President
STREET ADDRESS Sylvia M. Cintron
CITY-ST-ZIP 331 NW 101 TERR.
Pembroke Pines FL 33026

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose Cintron Jose Cintron Pres.

4/28/00

305-891-5002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)